

Virginia EPSDT Periodicity Chart

| Age | Birth * | 1 month | 2 months | 4 months | 6 months | 9 months | 12 months | 15 months | 18 months | 24 months | 3 years | 4 years | 5 years | 6 years | 8 years | 10 years | 12 years | 14 years | 16 years | 18 years | 20 years |
|--|--|------------|-------------|-------------|---|---|-------------------------------|--------------|--------------|--------------|-------------------------------|------------|--|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|
| History, Measurements, Physical Exam Lab Tests and Anticipatory Guidance, etc. | Follow the AAP Recommendations for Preventive Pediatric Health Care | | | | | | | | | | | | | | | | | | | | |
| Mandatory Blood Lead Test | | | | | | | 12 & 24 month Blood Lead Test | | | | Lead Test if no prior history | | | | | | | | | | |
| Immunizations | Immunizations follow American Committee on Immunization Practices (ACIP) | | | | | | | | | | | | | | | | | | | | |
| Vision Screen | Follow the AAP Recommendations for Preventive Pediatric Health Care | | | | | | | | | | | | | | | | | | | | |
| Hearing Screen | Follow the AAP Recommendations for Preventive Pediatric Health Care | | | | | | | | | | | | | | | | | | | | |
| Developmental/ Behavioral Assessment | Follow the AAP Recommendations for Preventive Pediatric Health Care | | | | | | | | | | | | | | | | | | | | |
| Developmental Testing | | | | | Administered at the 9, 18, and 24 month visit | | | | | | | | | | | | | | | | |
| Dental Services | | | | | | | 12 m | | | | | | Refer for dental services. Dental exams provided every 6 months. | | | | | | | | |
| | | | | | | If medically necessary refer to Dentist | | | | | | | | | | | | | | | |
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*Newborn care visits should occur according to the most current American Academy of Pediatrics guidelines.
DMAS allows additional visits following hospital discharge in addition to both the newborn and one month visits.